Andreas Killian Descendants Historical Association
(AKDHA)
Scholarship Application

Applicant Information

Name: _____

Address (Home) _____

Phone: _____ Date of Birth _____

I am applying for the following award: ___Vocational/Technical   ___College

Secondary School Information

School Name: _____

Address: _____

Principal: _____ Phone: _____

Graduation Date: _____ACT/SAT Scores: _____

College/Vocational/Technical School Information

Institution Name: _____

Address: _____

Expected Date of Enrollment: _____

Parent/Guardian Information

Name: _____

Address (Home) _____

Phone: _____ Email: _____

Applicant's Signature:_____ Date: _____

Parent/Guardian Signature _____Date: _____

Return completed form and all attachments to:

Andreas Killian Descendants Historical Association

Attn: Scholarship Application

P.O. Box 3272

Hickory, NC 28603

Any questions should be emailed to Eddie Killian at
robertekillian@yahoo.com